



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243**

Acknowledgement of the Certified Peer Support Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Peer Support Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Peer Support Specialist Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understand all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Support Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials _____

Print Full Name

Date

Signature